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The Roots of Empathy: A Lesson from Psychoanalysis

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Abstract

Despite considerable improvement in our understanding of empathy and its development, most contemporary empathy theories still do not provide a sufficiently detailed picture of the developmental mechanisms involved in empathic development. These theories are not particularly concerned with explaining how empathic emotional reactions and empathic understanding manifest themselves and develop in different individuals. As a result, they oversimplify the nature of the relation between affective and cognitive aspects of empathy and are not useful in clinical practice. This paper suggests that a closer look at psychoanalytic insights into empathy and empathic development can help us understand why we differ in our empathic capacities. This will shed more light on the way cognitive and affective aspects of empathy relate, helping us overcome the existing gap between theoretical models and clinical practice.

Keywords: emotional development; empathic development; empathic understanding; mother-child interaction; personality development; social cognition

1. Introduction

Unlike more traditional authors who had the tendency to reduce empathy to either an affective or cognitive capacity, contemporary empathy theorists usually conceptualise empathy as a complex phenomenon, consisting of a variety of different physiological, emotional, cognitive, and behavioural processes. Further, most acknowledge that the process of empathic development depends on the concomitant development of related psychological capacities (see e.g. Davis 1994, Eisenberg 1990, Hoffman 1984, Stotland 1969, Strayer 1987, Thompson 1987, 1998, Zahn-Waxler and Radke-Yarrow 1990).

However, despite considerable improvement in our understanding of empathy and its development, most contemporary empathy theories still do not provide a sufficiently detailed picture of the developmental mechanisms involved in empathic development. That is, they tend to identify only the most general, universal stages of empathic development, such as empathic distress, empathy for another's feelings, and the like (e.g. Hoffman 1984), or they focus on the evolutionary selected mechanisms for empathy, such as the perception-action mechanism (e.g. de Waal and Preston 2002). However, neither group is particularly concerned with explaining how empathic emotional reactions and empathic understanding manifest themselves and develop in different individuals. What little discussion there is about why different people develop different empathic capacities usually centers on different life

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experiences as the main cause of such differences. But exactly what these experiences are and how they contribute to the different ways we experience empathy on an everyday basis remains open. This paper suggests that the main reason for the shortcomings in current research on empathic development lies in the tendency of developmental theorists to focus on the development of human capacities (cognitive, affective, linguistic, social, and the like), while forgetting that *it is a real human being (a real person)* who is developing. As a result, the contemporary attempts to build a unified model of empathic development, such as Hoffman's (1984) or Preston and de Waal's (2002) have a mechanistic flavor and provide unsatisfactory accounts of the complexity of the empathic reactions we experience on an everyday basis.

In this paper, I outline Hoffman's stage model of empathic development and argue that such approach has several important theoretical and practical implications. Firstly, stage models tend to oversimplify the nature of the relation between affective and cognitive aspects of empathy, describing only the most general way they relate. Secondly, they are not particularly useful when it comes to devising intervention strategies for people with empathic deficits. This brings me to the second point that I want to emphasize, namely that a psychological tradition that starts with different theoretical and practical goals, such as the tradition of psychoanalysis, does not face problems of this kind. Psychoanalysis, as a theory and a practice, originated in a clinical setting, and it primarily deals with cases of psychopathology. Its goal is to explain the origins of these pathologies on a case-by-case basis and to devise a therapy with the potential to help the patient. It is not surprising that one of the primary goals of psychoanalytic theory is to identify the developmental processes that contribute to the occurrence of individual differences in psychological capacities. That is, they are interested in why, and because of which circumstances, we end up being different persons. So in the case of empathic development, psychoanalysts are interested in how emotional development, and the development of personality and self-understanding (that unfolds through the close relationship and interaction between caregiver and child and is different for each dyad) influence the development of empathic understanding and empathic emotional reactions (see e.g. Beres and Arlow 1974, Bergman and Wilson 1984, Fliess 1942, Kaplan 1976, Kohut 1959, 1971, 1977, 1980, 1984, Mahler, Pine and Bergman, 1975, Spitz 1965, Sullivan 1953).

Building on this point, I conclude that a closer look at the psychoanalytic models of psychological development and empathic development will have two important implications. Firstly, this shift of attention from stages of empathic development to personality development, emotional development, and mother-child interaction will open the way for better understanding how affective and cognitive aspects of empathy relate and shape each other during development. Secondly, given that further empirical research in this direction would help us identify factors contributing to both normal and impaired empathic development (and would reveal why we differ so widely in our empathic capacity) such research would certainly help us devise better intervention strategies for people with empathic deficits.

2. Development of empathy as a universal human capacity: Hoffman's developmental model

While many developmental psychologists have been interested in the development of empathy, Hoffman (1975, 1978, 1984, 1987) is one of the rare few to work out a model of empathic development. In devising such a model, Hoffman's goals were to determine the main stages of empathic development, and to identify the main factors that contribute to the transformation of primitive empathic responses into more advanced forms of empathy. Being aware that advanced empathy requires a great deal of sophistication in emotional and cognitive functioning, Hoffman aimed to account for the relation between affective and cognitive capacities and the way each contributes to the development of empathy. For this reason, Hoffman's model of empathic development is usually referred to as the affective-cognitive synthesis (Davis 1994).

Although Hoffman defines empathy as "an *affective* response more appropriate to someone else's situation than to one's own" (Hoffman 1987, 48), he also argues that the precise nature of the affective response depends to a great extent on the *cognitive* capabilities of the individual. In other words, the nature of empathic response we are capable of experiencing depends on the mechanisms or modes of arousal by which we come to react affectively to others. Furthermore, these mechanisms differ with respect to how much cognitive and linguistic sophistication they require.

Admittedly, Hoffman's model of empathic development has great value as an attempt to codify what cognitive capacities are necessary for empathic anger, compassion, and general concern for the other. However, it is not of much help when we want to explain how, in what circumstances, or why different people understand other people in different ways, and why they feel differently. That is, we often witness that some people are more empathetic than others, even though they have all reached the final stage in the development of the cognitive sense of others, have quite normal perspective-taking capacities, and have a basic understanding of the nature and the causes of emotions. Some people may be very good in understanding how other people feel and can be capable of taking the perspective of others, but show little emotional engagement. Others can be quite compassionate, but may be poor at reading subtle cues and incapable of deeper empathic understanding. Situations/emotions that might move some people, may leave others indifferent (even when all are good perspective takers and have a clear picture of how the other person feels). Furthermore, the nature of emotional reactions among these people might differ. When exposed to the same situation, some people may feel distress and fear, while others feel compassion and pity and still others, empathetic anger. Therefore, it seems that the cognitive sense of others, and perspective-taking capacities, as well as advanced understanding of emotions (when understood as psychological mechanisms that bring about empathic reactions) do not say much about what emotional reactions people will have or why differences occur. In short, these concepts are helpful when we want to describe general conditions for advanced empathy, but not when we want to explain how, in what circumstances, or why different people feel empathy.

Now, if we are to understand why different people feel empathy in different ways, we must move away from concepts such as cognitive sense of other, theory of mind, general perspective taking abilities, and the like, and try to unpack what it means to understand how another human being feels in a particular situation. This is not to say that the way we conceptualize others (or our cognitive sense of others) is irrelevant in how we make sense of other people's feelings. However, such general knowledge, while it is a *necessary condition*, it is not in itself sufficient for the way we understand and feel for others on an everyday basis. Besides this general condition, we need to identify other factors that contribute to different ways and levels in which we understand and make sense of each other in particular situations. We find hints of where we should be looking for such factors (and why) in the psychoanalytic literature.

3. A lesson from psychoanalysis

Based on knowledge gleaned from clinical practice, psychoanalysts are aware that getting to know patients' thoughts and feelings and arriving at the correct interpretation of their inner lives is a long, painstaking process that can go astray, fall into traps, or stagnate for long periods. Moreover, they know that whether the analyst reaches a deeper level of empathic understanding in any given case depends on what kind of people the therapist and patient are. Individual therapists tend to be more sensitive to a particular kind of emotional experience and to the particular way the patient communicates it, while not being well attuned to others. Also, in order for a therapist to get a better sense of the patient, she needs to have highly sophisticated self-reflection and self-understanding. That is, the therapist needs to be able to detect when she is misreading the patient's cues and to correct herself.

Almost all clinical vignettes illustrate this point. For instance, when trying to account for her failure to reach empathic understanding with her patient, Mrs. G, Evelyn Schwaber (1984) describes their interaction in the following way:

There was a discrepancy between the image she portrayed [Mrs. G] and the one she experienced – at least some difficulty in my capacity to understand her. I thought about the possibility that the patient may have had defensive

reasons for insisting on a negative image... But this was an inferential explanation which did not arise from the data offered by the patient, and which I realized I may have been especially tempted to seek, precisely because there was a gap – which I would hope to bridge – in my capacity to gain attunement... There is another dimension in considering my difficulty in trying to make sense of the imagery Mrs. G. conveyed. It spoke to the feeling I had that I so often seemed to lose her, to how I had to grope and struggle to find my place in her experiential world, while yet trying to maintain my own self-reflective vigil, for there was a quality of affectlessness about Mrs. G., a kind of lifelessness, with no manifest warmth. Unfortunately, often only retrospectively did I become aware that I had been impatient, fatigued, or bored; perhaps in some way, these were self-protective withdrawals *out* of the intense immersion in her experience. Often the clues of such responses on *my* part were signalled by subtle shifts in the patient's communication – as a change in tone, or sounding more mechanized, or some shift in the style of her associations. (Schwaber 1984, 164)

The analysis of the particular dynamics between Schwaber and her patient, including the setbacks and the obstacles encountered, as well as the self-reflection that helped her to get back on track, elucidates, among other things, the fact that the process of getting to know another person goes through different stages, is qualitatively different from case to case, and requires a highly sophisticated capacity for self-reflection.

Thus, therapeutic situations indicate that neither self-understanding (how we look at and make sense of our own thoughts, feelings, expectations, and hopes) nor understanding of other people (how they think and feel, what they want, expect, and hope for) can be reduced to simple, mechanic, linear processes implicitly suggested by stage models. Nor they can be accounted for by the general capacity of perspective taking or a cognitive sense of others. If taken seriously, this point has important implications for our understanding of how empathic capacity develops. That is, given that our empathic capacity needs to be seen as highly dependant on our own sense of self, its development needs to be understood and explained within the context of personality development. This means that a full account of the development of empathy must examine the origins of personality.

Although there is no unified view in the psychoanalytic literature on the relation between empathic development and personality development, there are two questions that have been important to psychoanalysts: how empathy between mother and a child contributes to personality development, and how personality development contributes to development of empathy. Although most of the interest has been on the former, some psychoanalysts have tackled the latter.

While the question of the role of empathy in the development of self has not been particularly important for classical psychoanalysts, it has become crucial for interpersonal psychoanalysts (e.g. Sullivan 1953), object relation theorists (e.g. Fairbairn 1943, 1944, Klein 1952, Mahler 1975, Winnicott 1965), and self psychologists (e.g. Kohut 1959, 1971, 1977, 1980, 1984). There are at least two reasons for the increased interest in empathy in the new psychoanalytic schools. Firstly, most new schools have abandoned the Freudian conception of drives as the basic mechanism of development and have centered instead on social relationships (primarily that between mother and a child). Secondly, these new schools are characterized by an emerging interest in the development of self and the shift of focus from the emergence of the superego to ego development. Within these new trends, where the driving forces of the development of self are not located in the infant's instinctual drives, but in her inherently social needs (i.e. in the interpersonal field), the role of empathy as an emotional link between a child and a caregiver has become more important. Furthermore, given the emphasis these models put on normal mother-child interaction in the constitution and the development of the self, the interest in normal levels of empathic care (and how empathetic mothers are toward their infants) has increased considerably.

Although the role of empathy in the development of the cohesive self during the first year of life has been central to object relation theorists and self psychologists, the question of how empathic capacity *per se* develops has usually been left on the back burner. Even so, some authors, such as Bergman and Wilson (1984) and Kaplan (1976) have attempted to develop a more comprehensive model of empathic development, one which accord with a general psychoanalytic understanding of psychological development. Despite some differences (mostly in terminology and focus), both models share a general view of personality development and the role of mother/child interaction in this

development. Both show how the insight that empathy needs to be understood within the more general context of self-understanding and personality development, has led developmental psychoanalysts to relate early origins of empathy to the development of the sense of self. Furthermore, in these two models, the development of the sense of self is seen as the result of both the interaction between a child and a caregiver in the first year of life and the child's general emotional development.

This connection between empathic capacity, sense of self, emotional development, and the early interaction between a child and a caregiver is of crucial importance for several reasons. For one thing, it highlights the fact that the way we understand ourselves and the way we understand others (and how we acquire such understanding) are co-determined; in other words, the way we see ourselves is intrinsically connected to and depends on the way we conceptualize other people. For another thing, our sense of self and others, not to mention the way we emotionally react to others, has its origins in the first emotional exchanges between a child and a caregiver. As a result, within the psychoanalytic framework, emotional development becomes the cornerstone of the development of social cognition. Thus, the psychoanalytic models of empathic development (such as Kaplan's or Bergman and Wilson's) can address the problem of individual differences in empathic capacity among people. Given that each child participates in slightly (albeit sufficiently) different interactions with the caregiver, where the communication between the caregiver and a child breaks down at different times and in different ways, each child becomes emotionally sensitive to different situations, develops a unique sense of self and a unique way of approaching and understanding others. These differences are directly reflected in the different levels of empathy among different people.

3. Conclusion

Psychoanalytic insights about the nature of empathic understanding and its origins can be of great help in further research on empathic development. To begin, drawing on their clinical practice, psychoanalytic authors provide conceptual reasons for relating empathic understanding with personality development. That is, they indicate the complexity of the process of empathic understanding and how much it depends on what kind of persons we are. In addition, within their developmental framework, personality development is rooted in early emotional development and mother-child interaction, as are empathic capacity and early social understanding.

If taken seriously, the aforementioned conceptual points would steer the theories of social cognition and empathy away from stage models (that conceptualize the relation between cognitive and affective aspects of empathy in the most general terms), opening open the way for an integrative model of empathic development. Such a model would shed more light on the way cognitive and affective aspects of empathy relate in development by placing them in more general context of personality development. Such a model would also open the way for new studies indicating how a mother's responses might shape a child's emotional reactivity and empathic understanding (e.g. responses typical for maternal depression, abusive behaviour, and the like), as well as how a child's initial sensory reactivity to outside stimuli and her sensory perception might contribute to normal or disrupted interaction with a caregiver (that consequently leads to normal or disrupted development of empathy). Finally, once we have a clearer picture of all the factors involved in empathic development, we will be in a better position to advance clinical practice and develop therapies for people with empathic deficits. This would help us overcome the unfortunate gap between theoretical models that are too general to provide a firm basis for clinical practice and current therapies that are based on long clinical experience but not substantiated by experimental studies.

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